

ASPPP SEMI-ANNUAL PROGRESS REPORT

<p>Grantee/agency should duplicate this form to prepare reports.</p> <p>SUBMIT ORIGINAL AND 2 COPIES TO:</p> <p>YOUR CONTRACT MANAGER Maternal and Child Health Branch 1615 Capitol Avenue, MS-8305 P. O. Box 997413 Sacramento, CA 95899-7413</p>	<p>WE ENCOURAGE YOU TO BE BRIEF. PLEASE LIMIT REPORTS TO A MAXIMUM OF 10 PAGES.</p>	<p>1. REPORT PERIOD</p> <p><input type="checkbox"/> July to December, 20____</p> <p><input type="checkbox"/> January to June, 20____</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>2. GRANT/ALLOCATION NUMBER</p> <p>_____</p>
<p>3. PROJECT TITLE:</p> <p>4. AGENCY NAME AND ADDRESS</p>	<p>5. AGENCY REPRESENTATIVE PREPARING REPORT</p> <p>Name:</p> <p>Title:</p> <p>Phone:</p>	

INSTRUCTIONS

Item 1-5: Self-Explanatory

Item 6: ATTACH SEMI-ANNUAL PROGRESS PREPORT TO THIS FORM: Please limit the report to a maximum of 10 pages. The report must include the following:

- a. Summarize progress made to date toward meeting each objective, as specified in the Scope of Work, Exhibit AAAA. Use quantifiable terms, if applicable.
- b. Briefly describe any problems encountered in implementing the objective. Outline strategies for dealing with the unresolved problems.
- c. Discuss personnel transactions (including vacancies) that have had an impact on meeting the objective.
- d. Address any issues needing the special attention of state staff.

Retain a copy of this report in file and submit any additional contract deliverables specified in the SCOPE OF WORK, Exhibit AAAA, directly to your Contract Manager under separate cover.

CERTIFICATION BY PROJECT DIRECTOR:

I affirm that the information presented in this report accurately reflects the current status of this project to the best of my knowledge.

Original Signature

Date

(Project Director)

ADOLESCENT SIBLING PREGNANCY PREVENTION PROGRAM

Semi-Annual Progress Report

Please respond to the following in a descriptive, succinct manner. (Please complete a separate report for each program.)

GOAL 1: Systems: Define, coordinate, and integrate systems of care for adolescent siblings of pregnant and parenting adolescents that support and assist in the prevention of pregnancy, reduction of related risk behaviors, and promotion of healthy lifestyles.

Objective 1: The Adolescent Sibling Pregnancy Prevention Program (ASPPP) grantee will establish and/or actively participate in local collaboratives designed to establish, sustain, and enhance comprehensive systems of care that include adolescent pregnancy prevention, youth development, and family strengthening.

- Describe any local and state initiatives currently taking place in your county that impact and/or promote adolescent health, youth development, adolescent pregnancy prevention, and family strengthening. (These could be initiatives that have either a positive or negative impact on the adolescent population.)

- Describe your role in supporting or opposing these local and state initiatives including activities undertaken, accomplishments, collaborative work with other groups, etc.

- Please identify and describe any formal (memorandums of understanding or interagency agreements) or informal agreements that were established or renewed within this report period with programs that provide similar services and/or serve the same target population (i.e., Community Challenge Grants, Family Pact, etc.)

Objective 2: In accordance with ASPPP Standards, ASPPP grantee will collaborate with a network of local service providers that serve the health, social, and educational needs of youth ages 11 through 18 to advocate for appropriate and necessary community services.

Please identify for each of the service areas below the level of service available to teens in your community. (If inadequate, identify nature of problem.)

NATURE OF PROBLEM

Services	Adequate	Inadequate	Availability of Services	Access Issues (Cost, Waiting List)	Linguistically Appropriate
General Health Services					
Transportation					
Affordable Housing					
Teen Shelters					
Educational Options					
Tutoring					
Mental Health Services					
Alcohol/Drug Services					
Family Planning					
Dental Services					
Medi-Cal Providers					
Recreational Activities					
Translation Services					
Other					

- Describe what your agency has done to address service gaps, barriers, cultural appropriateness of services, resources and service quality in your service area as it pertains to services sibling clients seek.
- Identify changes in the provider network since the last report period that have impacted services to Sibling clients. This should include new or lost providers, services they provided and how this has impacted your clients.
- Indicate the number and type of agencies represented at each of the network meetings held during the report period. Describe activities undertaken to promote participation in your network meetings.

- What issues did your service network address during the report period that pertains to adolescents who are at high risk of getting pregnant? Describe actions and activities undertaken to address these issues.

GOAL 2: Case management: Enhance the health, educational achievement, economic, personal, and societal integration and independence of siblings of pregnant and/or parenting adolescents through case management that enables them to avoid early and unplanned pregnancy.

Objective 1: In accordance with ASPPP Standards, ASPPP grantee will provide the months of service (MOS) as specified under Performance Requirements to eligible siblings of AFLP or Cal-Learn clients.

- MOS contracted for: _____
- If you are above OR below your projected months of service for this date, please explain.
- Do you maintain a waiting list? Yes _____ No _____
 - If Yes, please enter the total number of adolescents who are on the waiting list as of the end of the report period: _____
 - If No, estimate the number of siblings that would be interested in becoming clients: _____
 - If No, was your program able to accept all eligible referrals received during the report period? Yes _____ No _____
- Describe your internal process for case finding. This may include activities directed toward the Cal-Learn program, case managers, potential clients and their families.

Objective 2: ASPPP grantee will maintain and utilize an updated program Standards Implementation Document (SID) that incorporates the ASPPP Standards and Maternal and Child Health (MCH) Branch AFLP Policies & Procedures.

- Has new staff been hired during the report period? Yes _____ No _____
 - If Yes, have they been oriented to the SID? Yes _____ No _____
- Has the SID been reviewed during the report period to identify areas that need revision? Yes _____ No _____

Objective 3: ASPPP grantee will maintain sufficient staff to administer the program and provide case management services in accordance with ASPPP Standards and MCH Branch AFLP Policies & Procedures.

- Attach the Lodestar Caseload Analysis and MOS Report covering the report period. Provide current Personnel List on Form 6 and complete all information requested on the form.
- If the agency experienced staff vacancies/leave of absences during the report period, describe:
 - What was done with the caseload?
 - The impact to the agency and its staff.
 - The impact on the agency's ability to meet the MOS.
 - The impact on the agency's ability to adhere to the 40:1 ratio and duration.
 - The impact on clients.

Objective 4: ASPPP grantee will maintain qualified staff to administer the program and provide case management services in accordance with ASPPP Standards and MCH Branch AFLP Policies & Procedures.

- Using the chart below, indicate training needs identified by the agency and their staff, what has been provided during the report period, whether training is planned for a future period, or whether agency has no plan or means to provide needed training.

Training Provided This Report Period	Training Needs Not Yet Provided	To Be Provided (estimated date)	Cannot Provide

- Discuss reasons that needed training cannot be provided with resources available to agency.

Objective 5: In accordance with ASPPP Standards, ASPPP grantee will develop case management interventions consistent with client needs. Interventions must address the adverse impact of teen pregnancy on health and future personal growth and well-being.

- Describe specific activities and/or intervention strategies utilized during the report period to meet this objective.

GOAL 3: Health: Promote implementation of the State MCH 5-Year Plan and attainment of its Goals and Objectives as specified in the California MCH Priorities (page 24).

Objective 1: Promote primary and preventive health care utilization by siblings.

- Provide a summary that describes your program's activities during the report period that addresses the "prevention" of the following: Pregnancy, Sexually Transmitted Infections, HIV/AIDS, Substance Abuse, Injury, and Violence.

- Provide a summary that describes your program's activities during the report period that addresses the "promotion" of the following: General Health, Family Planning, Age-appropriate Immunizations, Mental & Emotional Well-being, Health, Parent-Child and Peer Relationships, Healthy Lifestyle Choices, School Attendance, Educational Achievement, Exercise and Good Nutrition.

- 8